



Building Strong Partnerships: Engaging Community-Based Organizations as Medi-Cal Contracted Providers

California Advancing and Innovating Medi-Cal (CalAIM) is transforming health care by encouraging and facilitating partnerships between the health care sector and community-based social services to ensure more integrated and people-centered care, especially for those with complex health and social needs.

CalOptima Health is making the most of this unprecedented opportunity to build bridges between traditional health care, Orange County's safety net and the expansive network of community-based providers that ensure our members' good health. We've had the good fortune to bring on board some incredible and unique nonprofit organizations as contracted providers, but have also witnessed the challenges these smaller organizations face when collaborating with a large health plan.

CalOptima Health has seen firsthand how some of these organizations maneuver policies, procedures and processes to pave the way for a signed contract with a health plan. In sharing the case stories below, we hope to answer questions about the collaboration and contracting process, as well as demonstrate to other organizations that it is not only possible and worthwhile, but can truly lead to better health outcomes for those they serve.

Latino Health Access and the Important Role of Community Health Workers

Since its 1993 founding in Santa Ana, Latino Health Access (LHA) has continually endeavored to promote health and address inequities facing low-income communities of color in Orange County. Dr. America Bracho helms LHA and has molded the organization to address the multiple health needs of Latinos in her city and to include the community in everything LHA does. Over its 30-year history, LHA has assisted thousands of individuals with culturally and linguistically appropriate health-related services through the promotores model. Promotores are community health workers (promotores de salud) who live within the community and serve as an important link between individuals and the health care system. Originally focused on diabetes self-management, LHA has since expanded programming to many other areas such as weight management, mental health and policy advocacy with more than 100 promotores currently staffed across the organization. Historically, LHA's programs have been primarily funded through grant opportunities focused on specific populations.

LHA's relationship with CalOptima Health extends back over a decade and Dr. Bracho has seen a consistent evolution over this period. The partnership first started with LHA's successful Healthy Weight program helping children avoid obesity. This partnership opened up a new referral stream for LHA services and a new service for CalOptima Health members (many LHA clients were already CalOptima Health members). Both organizations were able to grow together, learn from the experience and develop a productive partnership throughout the regular check-ins and yearly audits. The Healthy Weight Program successfully ran for several years being taught in both Spanish and English.

Deepening the CalOptima Health Partnership through CalAIM Implementation

The CalAIM initiative is a broad, multi-year effort to improve the quality of life and health of Medi-Cal members in the state of California. As part of CalAIM, Medicaid managed care plans (MCPs), such as CalOptima Health, can offer up to 14 Community Supports services that can be used in lieu of services traditionally covered by Medi-Cal. For community organizations that have a health focus — like LHA — this initiative represented a new path to fund aligned services for the community members they already serve. For CalOptima Health, it meant a significant push to find new providers to deliver both these Community Supports to members as well as outreach and engage with members who could benefit from these supports.

Based on success seen in San Bernardino, CalOptima Health approached LHA about providing asthma remediation, one of the 14 Community Supports, in Orange County using promotores. LHA also had previous experience with asthma remediation programs so Dr. Bracho felt that the organization could execute competently on the program model.

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Fortunately, given the earlier Healthy Weights Program contract, LHA was already onboarded with CalOptima Health and had a provider number and experience billing the plan. Still, given that the remediation program and CalAIM itself were so new, both parties had a flexible approach to experimenting with the other's critical funding/payment model unknowns, such as the level of reimbursement expected and the process for referrals. From Dr. Bracho's perspective, this flexibility from CalOptima Health was an important evolution of trust in the relationship. Setting an appropriate reimbursement for this service was not only a key aspect of making the program's economic model sustainable, but it was also an important reflection of the value LHA brought to the community. The two parties have agreed to continue monitoring the program's financial performance to ensure long-term sustainability of the model.

Another key area of flexibility from CalOptima Health is related to referral processes. Historically, some LHA and CalOptima Health programs relied on CalOptima Health or their providers to identify and make referrals to LHA. For the asthma remediation program, in addition to CalOptima Health referrals, LHA is leveraging promotores to drive outreach and participation in the program for community members who would then be checked for Medi-Cal eligibility with CalOptima Health. As promotores are trusted and respected within the community, it is often easier for them to connect with individuals who are otherwise wary of the government and health systems. When promotores identify a suitable candidate, LHA then checks with CalOptima Health on eligibility to understand the suite of options available for assistance. The process is continually revisited and refined, and promotor referrals now make up the vast majority of participants within LHA's programming.

LHA has since expanded its Community Supports offerings with CalOptima Health to include housing transition navigation services to help individuals and families find homes or stay in their homes. Despite the challenges of finding affordable housing for clients, Dr. Bracho views this service as critical to LHA's strategic priority to adapt to meet the needs of their community. By partnering with CalOptima Health, this vision becomes more feasible as both organizations cement their partnership and key role in Orange County.

Shortening the Learning Curve — Advice for Other Organizations

Dr. Bracho acknowledged that not every community organization has as long a history of engagement with MCPs like LHA did. She hopes her experience can be helpful to other mission-driven organizations tackling social drivers of health. For other entities in the space looking to establish relationships with MCP partners, the following insights may help shorten the learning curve:

- Relationships are rooted in trust and can take time to flourish. Start with your organization's core competencies and do them well to demonstrate solving an unmet need for a health plan. Similar to LHA's experience with the Healthy Weight program, getting a foot in the door with CalOptima Health can streamline future onboarding and expand into other areas over time.
- Approach every new relationship with a learning mindset. Implementing CalAIM is still relatively new and constantly evolving. One of the things Dr. Bracho appreciates most from her CalOptima Health counterparts is their willingness to seek feedback and make changes based on what does and does not work.
- Compliance and reporting will be part of any payor relationship. While smaller organizations should have a plan to address audit and reporting cycles, they should also communicate with MCP partners regarding the level of effort required to respond to reporting requests and determine any flexibility that MCPs may have.
- Organizations should have a plan for covering the costs of start-up for programs that will be based on future service reimbursement. While moving from grant funding to a service reimbursement model (like CalAIM) represents an exciting opportunity to build predictable revenue for LHA, it also requires working capital and enhanced revenue monitoring. LHA was able to leverage capacity-building funding from CalOptima Health to ensure their costs were covered during the program launch.

The future is bright for both LHA and CalOptima Health to continue their partnership. Looking ahead, LHA continues to track the evolving opportunity for Medi-Cal community health worker reimbursement. Regardless of how things unfold, Dr. Bracho is very committed to her community and sees collaboration opportunities with anyone who is invested in improving the health of individuals who historically have been excluded from the system of care and decision-making.

A Brief Look at Thomas House Family Shelter

Thomas House Family Shelter (THFS) was founded in 1986 to provide housing, resources and support to unhoused and at-risk families in the City of Garden Grove in northern Orange County. Originally, THFS supported 16 apartment units across two buildings but in 2019 it expanded to 24 units with the purchase of a third building.

Thomas House is guided by the values of empowerment, love and accountability, which have been important tenets of their philosophy for over three decades. Over this period, THFS's mission and scope has not wavered with a primary focus on families with young children to provide a stable home environment while equipping adults with marketable skills to find employment to contribute to the community. THFS currently operates four programs related to this mission:

1. Case management to help develop action plans to address homelessness risk factors and connect residents with legal or medical needs to resources in the community.
2. Career development to enhance skills and support residents seeking work to ultimately achieve self-sufficiency for their families.
3. Youth development to empower children to break cycles of poverty and excel academically through healthy behaviors and positive self-esteem.
4. Graduate homeless prevention to support former residents who have transitioned out of Thomas House with housing and career help while encouraging these graduates to assist their peer families who may be facing similar circumstances.

Taking Advantage of CalAIM in California

As part of CalAIM, individuals experiencing homelessness or at risk of being homeless may be eligible for enhanced Medi-Cal benefits such as Enhanced Care Management (ECM) and a range of Community Supports to assist them. MCPs contract with and pay community organizations to provide these benefits to their members.

For THFS Executive Director Shakoya Green-Long, this funding opportunity represented an additional potential revenue stream for work already being done in support of THFS's mission. When Green-Long joined THFS two and a half years ago, 100% of the organization's \$1.5 million-plus annual budget came from private donations and philanthropy, including semi-annual fundraising events. As such, readying for CalAIM represented a pivotal opportunity to diversify income streams and lay the groundwork for deepening relationships with health care payors without deviating from THFS's community mission.

To make this happen, the first step was to identify the overlap between services THFS was already providing and services that could be eligible for compensation under CalAIM and identify the right MCP to contract with for these services. When THFS reviewed the requirements for day habilitation and housing navigation — two Community Supports within the CalAIM framework — they noted that their staff already provided those services as part of their holistic approach to serving their clients. These Community Supports became a logical starting point for conversations and development. THFS quickly identified CalOptima Health as the local MCP in Orange County to contract with for these services. Through a former colleague, Green-Long was put in touch with CalOptima Health's dedicated CalAIM contracting team that provided hands-on support and guidance as THFS further explored and refined their approach to the CalAIM opportunity.

Leveraging the CalOptima Health Relationship to Fulfill the Mission

With CalOptima Health identified as their MCP partner, Green-Long sought formal approval from her Board of Directors to proceed with integrating CalAIM into the organization's operations. Green-Long's approach, which was enthusiastically supported by the Board, focused on the enhancements and investments that would be needed to bring their programs/ services up to the standards and requirements of CalAIM. THFS required only marginal incremental investment in their services to accommodate CalAIM such as formally separating job responsibilities and adding training for invoicing systems. Given this approach, the Board saw the partnership as an opportunity to add capacity and expand infrastructure to bring THFS services to a wider swath of the community.

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With her Board's blessing in hand, Green-Long was able to progress discussions with CalOptima Health and begin the process of contracting. This included obtaining a National Provider Identifier (NPI) from California's Department of Health Care Services, a process that can feel intimidating but, in reality, was very straightforward with support available if needed. With the NPI number in hand, THFS proceeded through the onboarding process with CalOptima Health as a network provider. Thankfully, CalOptima Health has a dedicated team to assist with this paperwork and guide providers through the necessary steps to become a full-fledged member of the CalOptima Health network. By working with the CalOptima Health team, Green-Long realized that many of the more complex application elements were not applicable for smaller community-based providers like THFS. That is not to say there was no administrative burden on Green-Long and her staff of 12, but the added help from CalOptima Health to navigate websites, forms and signatures significantly reduced the administrative burden on THFS employees. CalOptima Health was also able to provide one-time capacity-building support to cover some of the incremental expenses associated with providing CalAIM services upfront, while THFS ramped up its services and billing capabilities.

Lessons Learned and Looking Ahead

While the CalOptima Health relationship is still young (less than two years), there are several key takeaways and lessons learned that Green-Long shares that could be helpful to other organizations interested in exploring a similar partnership:

- To efficiently provide and bill CalOptima Health under CalAIM, organizations should consider extracting reimbursable services from existing service bundles. In Green-Long's case, housing navigation was previously a service offered as part of case management. Under CalAIM this service was pulled out as its own service item and now has a dedicated full-time employee handling this responsibility for all clients. THFS now offers housing navigation, day habilitation, and Housing Tenancy/Sustainability as billable services to CalOptima Health.
- Credentialing and onboarding are the hardest step in the process. For those unfamiliar with obtaining an NPI or navigating state websites and forms, the initial task can be daunting because of the many questions and forms involved. Not to fret; Green-Long

speaks highly of CalOptima Health's onboarding team and tells others to "Ask questions! Don't be afraid! They are an important resource of which smaller organizations should take advantage."

- There is a learning curve to changing medical billing systems. With CalOptima Health transitioning to a new billing system (Office Ally) beginning in January 2024, there is a new system Green-Long and her team must become acquainted with in the coming weeks. Fortunately, CalOptima Health has a support team to assist with regular biweekly check-ins with Green-Long, and new onboarding organizations will not need to learn the old system. However, any system has a learning curve so organizations should be prepared for a period of familiarization as they get up to speed.
- Earned revenue from CalAIM can expand or deepen an organization's mission. Partnering with CalOptima Health does not mean a change of focus or priorities but does bring an opportunity to better serve the community. Green-Long reflects that the relationship has been very positive and that the incremental revenue has allowed THFS to provide additional supports for families that case management could not previously provide.

Looking ahead, Green-Long has immediate goals to capitalize on this momentum and expand the infrastructure for THFS as well as possibly purchase another building. Thomas House is also in the process of revamping its website and developing an online application to help streamline its resident pipeline. Overall, the relationship with CalOptima Health has not altered the direction of Thomas House but instead allowed for a deepening of its mission and an expanded role in the community.

For information on the 14 eligible services included under CalAIM, please refer to the [Medi-Cal Community Supports Policy Guide](#).